

Exhibit “A”

Liz B. Delgado

From: ReasonableAccommodation
Sent: Monday, October 25, 2021 12:38 PM
To: Liz B. Delgado; ReasonableAccommodation
Subject: RE: Reasonable Accommodation Request

Your request has been received. Please continue to submit a negative test result within every seven day period while you await the reasonable accommodation determination.

From: Liz B. Delgado
Sent: Friday, October 22, 2021 3:22 PM
To: ReasonableAccommodation <ReasonableAccommodation@doi.nyc.gov>
Subject: Reasonable Accommodation Request

Good afternoon,

Attached, is the reasonable accommodation form along with an exemption letter. Please let me know if you have any questions. I look forward to hearing from you soon. I can also be reached at [REDACTED]

Thank you.

Liz B. Delgado, Administrative Assistant
New York City Department of Investigation
180 Maiden Lane, 18th Floor | New York, NY 10038
[REDACTED]



Liz B. Delgado

[REDACTED]
Staten Island, N.Y. 10308

October 21, 2021

Commissioner Margaret Garnett
NYC Department of Investigation
180 Maiden Lane
New York, NY 10038

Dear Commissioner Garnett,

I, Liz Delgado, am writing to formally and respectfully apply for a religious exemption to immunization. I am basing my request on religious grounds. I am relying on the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, religion, sex or national origin and the statute in our state protects employees from religious discrimination in the workplace. New York State Executive Law, Article 15, Human Rights Law, Section 209-291 states the following"

"the state has the responsibility to act to assure that every individual within this state is afforded an equal opportunity to enjoy a full and productive life and that the failure to provide such equal opportunity, whether because of discrimination, prejudice, intolerance or inadequate education, training, housing or health care not only threatens the rights and proper privileges of its inhabitants but menaces the institutions and foundation of a free democratic state and threatens the peace, order, health, safety and general welfare of the state and its inhabitants."

I hold sincere genuine religious beliefs that forbid us from immunizing. I ask that this application be kept 100% confidential as it contains thoughts and sentiments not shared in casual conversations. The content of this letter is of an extremely personal nature.

I was born and raised Catholic. My parents including my Grandmother, Aunts and Uncles were devout Catholics. I completed all of my sacraments. I attended church every Sunday and would bring communion with my Aunt and Uncle to the homes of the sick that were not able to attend church services. As a teenager, I was very involved in the Jornadista Movement which was a youth movement at our church. I attended retreats, and church prayer meetings several times a week. My faith has never weakened and my relationship with God has never been broken.

"Do you know that your body is a temple of the Holy Spirit, who is in you, whom you have received from God? You are not your own. That God is in you. That he is our healer." (Corinthians 6:19). Our bodies are a temple of God, created in His image, and subject to His powers that lie within us. God is our healer.

As such, we do not believe that immunizations can heal; that is the job of faith and God. We feel that if we trust in the immunization process, rather than the healing powers of God, we disconnect from our faith. Trust in God is 100%; one cannot call themselves faithful to God without a 100% commitment of trust and faith.

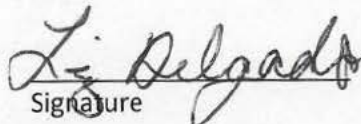
I trust my Lord and Savior Jesus Christ to protect and/or heal me and my family. Should I encounter a disease that has a vaccine, I would depend on the body God perfectly created to do what it was designed to do. I would also spend a lot of time in prayer, and I would weigh out my options of treatment with each isolated medical situation that would be best for my body without contaminating the holiness of my temple. Either way, the Lord is leading in our decisions of how to treat our bodies and live our lives.

I always followed the rules and guidelines that I have been trained to follow, however, after deepening my walk with Christ and increasing my faith, we decided as a family to no longer vaccinate.

In closing, my religious belief that opposes immunization has been with me far longer than the date on this letter. The above is an explanation of my sincere and genuine personal religious beliefs. I hope I described them sufficiently and they will be respected. Again, these thoughts are my convictions from my God. I don't ask that you or anyone else agree with these thoughts and personal translations. I will reiterate, under Federal and New York State law, I respectfully request that they be honored as truthful and legally permissible. Based on what I have shared, I ask this waiver be approved.

Sincerely,


Print Full Name


Signature

Appendix A

REASONABLE ACCOMMODATION REQUEST FORM

This form and all information must be kept confidential.

| APPLICANT/EMPLOYEE INFORMATION | | |
|--|--|--|
| Print Full Name Liz B. Delgado | | <input type="checkbox"/> Job Applicant <input checked="" type="checkbox"/> Current Employee <input type="checkbox"/> Other |
| Home or Work Address [REDACTED] New York, NY 10038 | | Phone Number [REDACTED] |
| EMPLOYEE INFORMATION (Complete this section if you are working at the agency even if you are currently on leave.) | | |
| Civil Service Title PAA! | | Office Title Administrative Assistant |
| Office Telephone Number [REDACTED] | Division Squad 2 | Supervisor Name and Phone Number John Bellane - [REDACTED] |
| Location 180 Maiden Lane, 18th Floor, New York, NY 10038 | | |
| APPLICANT INFORMATION (Complete this section only if you are a <u>job applicant</u>) | | |
| Position/Title Sought | | Division/Unit (if known) |
| Location of Position (if known) | | |
| Part(s) of employment process for which an accommodation is requested | | |
| <input type="checkbox"/> Job Application | Job Vacancy Notice Number (if known): | |

DO NOT WRITE IN THIS SECTION

To be completed by agency staff supervising the employment application process or supervising an employee requesting a reasonable accommodation. After completing, supervisors must provide a copy of the entire form to the employee or applicant, and immediately send a copy to the EEO Officer or DRC.

Name and Title of Supervisor or Staff supervising application process:

Unit/Division:

Location:

Phone Number:

Date Request Received:

☐ Supporting Documentation
Included

☐ Supporting Documentation
Not Included

Date:

Signature

To be completed by the DRC or EEO Officer

Date Request Received by DRC or EEO Officer:

Date Supporting Documentation Received by DRC or EEO Officer (if any):

Signature

DO NOT WRITE IN THIS SECTION

To be completed by agency staff supervising the employment application process or supervising an employee requesting a reasonable accommodation. After completing, supervisors must provide a copy of the entire form to the employee or applicant, and immediately send a copy to the EEO Officer or DRC.

Name and Title of Supervisor or Staff supervising application process:

Unit/Division:

Location:

Phone Number:

Date Request Received:

☐ Supporting Documentation
Included

☐ Supporting Documentation
Not Included

Date:

Signature

To be completed by the DRC or EEO Officer

Date Request Received by DRC or EEO Officer:

Date Supporting Documentation Received by DRC or EEO Officer (if any):

Signature

| | |
|---|-----------------|
| <input type="checkbox"/> Interview | Interview Date: |
| <input type="checkbox"/> At Work | |
| <input type="checkbox"/> Other (please specify): | |
| Agency Contact Person (if known) | Phone Number |
| Basis of reasonable accommodation request: <div style="margin-left: 20px;"> <input type="checkbox"/> Disability <input checked="" type="checkbox"/> Religion Describe your religious belief/practice/observances and identify the accommodations that you request: <u>I hold sincere genuine religious beliefs that forbid me to be immunized.</u> </div> <div style="margin-left: 20px; margin-top: 10px;"> <input type="checkbox"/> Status as Victim of Domestic Violence Sex Offenses or Stalking <input type="checkbox"/> Pregnancy, childbirth or a related medical condition </div> | |
| Identify the situation which requires accommodation. <u>Be specific.</u> (Attach additional sheets of paper, if necessary.) <u>Please see attached letter.</u> | |
| Is the condition for which you are requesting an accommodation <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> <input checked="" type="checkbox"/> Permanent </div> <div> <input type="checkbox"/> Temporary </div> <div> <input type="checkbox"/> Unknown </div> </div> If temporary, anticipated date accommodation(s) no longer needed: | |